

**RONALD FANTOZZI**

**4 OF 18**

PACU RECORD  
Rev. 12/00 Page 2 of 4St. Mary's Regional Medical Center  
POST ANESTHESIA CARE UNIT RECORDDate: MAR 9 2001 PACU Record

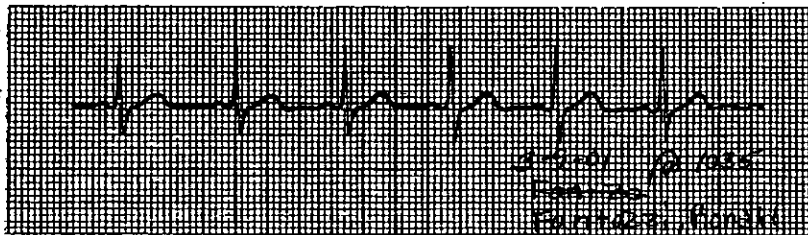
Intake				Output				
	IV	CBI	Blood	Urine	CBI	NG	EBL	Drains
OR				75cc	1200		min	
PAW	150							
	700							
Total	850+			75			min	

DAY SURGERY 3/09/01 1431040  
MR 221342 MAILHOT, PAUL  
FANTICZZI, RONALD M  
40 POLAND RD  
AUBURN ME 04210  
DOB [REDACTED] TEL 782-3873  
C06603921-02 3021616

Time	D: Data	A: Action	R: Response	P: Plan
1035	Di. pt arrived PACU via stretcher, upon resp. & resp distress lung sounds clear, O <sub>2</sub> SAT 97% RA, pt awake, alert, sensory level T-10 & movement, pt ok, extant string in place, & meatal dressing, pt clo. D flank pain. @ med = MS IV, pt anxious, rest less, vs/s, @ will cont to monitor			
1055-	Di. @ pt clo ↑ pain to D flank, area, Dr. Mailhot @ a new order			
1105-	cont to med for pain (PEN)			
1115	@ med = MS IV, pt clo ↑ pain to D flank, O <sub>2</sub> desat @, @ med = Toradol 30mg IV, Demerol 25mg IV. @ will cont to monitor & med PEN, ↑ anxiety, @ med = Vicodin 50mg 101 @ will cont to monitor			
1145-	Di. pt remains restless & clo pain to D flank, Dr. Mailhot @ pt, @			
1200	pt stress sit called dr. 75cc pinkish urine @ 1 pm. Not noted, IVF8 infusing per Dr. Mailhot, Dr. Dagenan aware @ will cont to monitor & med PEN			
1230-	Di. pt stable, clo pain to D flank, states pain is ok, but "still there" @			
1255	med = Demerol 25mg IV, small area of lacer to IV site noted, Dr. Dagenan @, @ med = Toradol 25mg IV @ monitor area			
	Di. pt stable, vs/s, pain ok, til PO ice chips, IVF8 infused & meatal dressing, extant string securely taped to penis, pt calm, trans to S, report given			

Infusion Record						
Time	Type and Volume	IV Site	Site PT	Amount in PACU	TBA	Initial
1035	LR 2001	① arm		150		KH
1200	LR 1000 T	✓	✓	700	300	KH

Report given to: Marie Boulanger, RN



Nurse's Signature	Init.	Nurse's Signature	Init.	Nurse's Signature	Init.
				Kathleen [Signature]	

Problem List		Goal Achieved?
1	Alteration in Neurological Status	
2	Alteration in Comfort Level	✓
3	Alteration in Emotional Status	
4	Alteration in Circulation	
5	Alteration in Fluid Volume	
6	Alteration in Mobility	✓
7	Alteration in Respiratory Function	
8	Alteration in Skin Integrity	
9	Alteration in Temperature	
10	Alteration in Elimination	
11	Alteration in Gastrointestinal Function	
12	Other	
13	Other	
14	Other	

## O.R. Charges

by: S. C. Leman

## O.R. SERVICE CHARGES

CAUTERY REG B/P CMC

COBE

CRYO/FRIGITONIC

CUSA

DRILLS/SAW

ELEC-HYDRO LITHO

LASER CO<sub>2</sub> YAG

MIDAS REX/TOOL x1 +

MINI C-ARM

NUCLEOTOME/PACK

SCOPES Micro Endo ☒

SHAVER/BLADE x1 +

STEALTH

TOURNIQUET

VITRECTOMY/Pack

## PT Charge Cards:

Ace Size

Accutemp

Adaptic 3x3 3x8

Bile Bag

Bladder Tray

Blue Ear Syringe

Cath Sec

Colo Bag/Clamp Size

Clo Drainage Bag

Conform Size

Conray Dye 407-9986

Cysto Set

Delta Lyte 2" 3" 4" 5"

Eye Shield RT LT

Foley Size

Gauze: 10 PI Vas

Head Halter

IV Fluid &lt;250

IV Fluid &gt;500

Immobolizer Type Size

Kelly Prep

Kodak

Pleur Vac

Razor

Reno 30 DYE 407-9985

Scrot Sup Size

Sleeves SCD Size

Sp Needle Size

Stocking TED size

Steristrips Size ☒

Suct Cath Size

Toomey

TUR set ☒

Urometer

Xeroform 1x8 5x9

## OB/GYN

C-section Pack 5080

Humi Manipulator 5065

Laser Tubing/Filter 6212

Peri GYN Pack 5082

Suction D &amp; E 5078

Vag Pack (c.s.)

## CARDIOVASCULAR

Adherent Clot Cath 5111

Embolectomy Cath 5185

Perm Cath 5354

Port, Hickman Kit 5491

Port, MRI 5370

Surgipaws 5353

Suture Boots 5374

Vessi Loops 5455

## EYES

#4736 Blade 1107

#7513 Blade 1092

#681.13 Blade 1115

#681.21 Blade 1290

Alcon Sili/Crescent 1305

BSS Admin Set 1140

Cannula 27g 1172

Cataract Pack 1316

Catch Bag 1005

Corneal Transplant 1135

NAME OF BANK

Cystotome Needle 1181

Eraser 1240

#1213 Eye Drape 1207

Irrig Oculome Probe 1139

Lens Glide 1310

Occ Ocluder 1330

Phaco Supply Kit 1111

Visco Flow Cannula 1170

## URO

Cysto Pack 4265

Disp. Ellick 4177

Fulg Cord 4142

Laser Side Fire Fibers 4034

Lingeman Pack 4175

Mynoptoy Bx Instr. 4178

Resectoscope Loop 4032

Tru Cut Bx Needle 4180

T-Led collection

Dog x 1

## ENDOSCOPY

Bard Gynec Flo Irrig/Asp 7040

Cholang Cath 6028

Converters 5399

Endo Carpel Tunnel Kit 7016

Endoclip 6081

Endo GIA 7009

Endo GIA Reload 7011

Endo Hernia 7001

Endo Hernia Reload 7002

Endoloops 6389

Insufflator Tubing 7032

Lap Appy Kit 7015

Lap Chole Access Kit 6209

Laparoscopy Pack 6278

Laser Fibers 5071

Marlow Nu Tip 7010

Suct/Irrig. Probe 7039

Suct/Irrig. Probe w/Rt Angle 7041

Surgipro Mesh 7035

Smm Trocar 5402

The Right Clip 7012

Verres Needle, Disp. 7006

5-11 Versaport 5400

5-12 Versaport 5404

Cook X 1

Kwik-Stent

Lot 840509

C:\PMAS\OFFER\ROOM\FORM.PMS

## DAY SURGERY

3/09/01 1431040

221342 MAILHOT, PAUL

FANTOZZI, RONALD M

40 POLAND RD

AUBURN

008 4/16/62

006605921-02

3021616

## GENERAL/MISC SUPPLIES

Basic Pack 6280

Bag Spout 4150

Disc Pad 6286

Disp Bulb Syringe 6400

Drain J.P. w/Reservoir 6128

Drain Davol 6096

Drain Chest 6109

1010 Drape 6138

6640 Drape 6159

6650 Drape 6157

Dura Prep 6164

Ext Sheet 9046

Hemoclip (sm)

Hemoclip (med) 6211

Hemoclip (med/lg) 6213

Hemoclip (lg) 6215

Instr Pad 6282

Lap Sponges 6324

Lap T-Sheet 6318

Liner - Reg 6216

Liner - Baxter 4052

Marker 6297

Mayo Cover 6094

Microfoam Tape 6404

Needle Tip/Ext. Blade 6235

Panties 6287

Peanuts 6296

Red Rubber Cath 6420

Sleeve 6002

Solo Prep 6322

Staples 35w 6364

S Tubing 20' 6466

Surgical Sm 6393

Surgical Lg 6391

Table Cover 6090

Tegadorm 1232

Tipolisher 6408

Tips Argyle 6396

Tips Poole 6394

Tips Reg 6410

U-Sheet 6316

Utility Drape 6412

## ENT

Doyle Splints 1515

Glassrock Dressing 1235

Instr. Wipes 1915

Microtek 1320

Nasal Tampons 1618

Sm Ear Drape 1215

Tonsil/polyp Soares 1500

Tonsil Sponge 1530

Tube, Ear 1715

Tym Tap 1622

## ORTHOPEDICS

Arthros Liner &amp; Trap 8016

Arthroscopy Pack 8407

Arthroscopy Tubing 9128

Barrier U Drape 8125

Bone Dri Wick 8046

Cast Padding 8056

Cement 8058

Cement Mixing Bowl 8044

Cement Gun Kit 8060

Cloud 9 Pad 8080

Coban 4" 8068

Coban 6" 8070

Drape C-Arm 8128

Drape Mini C-Arm 8179

Drape X-Ray 8126

Drill Bits #310 Series 8148

Drill Bits, Twist 8139

Femoral Brush 8048

Gown Disp. 8180

Intestinal Bag 6010

Isolation Drape 8138

K-Wires 8286

K-Wires #292 Series 8299

Plaster Cast/Splint Adult 0107

Plaster Cast/Splint Child 0108

4x5 Stockinette 9110

6x48 Stockinette 9096

6x60 Stockinette 9100

Stockinette Lg Imp 9094

Stockinette Imp 9102

Simpulse Tubing/Tip 6398

## NEUROLOGY

Ant Cerv. Disc. 3001

Blue Foam Face Pad 8055

Bone Wax 9132

Cloward Arm Set 3004

Codman Perf 3020

#3100 Connect Tubing 9130

Crani Blade 3005

Crani Sheet 3095

Epidural Cath 3074

Frazier Tip 3092

Jelco 6201

Microdisc. Neuro 3002

Olsen Blade 3012

Phili Collar 8074

Scope Drape 1230

Wire Pass Drill 9170

## For Sec. Use Only

OR Hours:

Recorded:

Input:

Charges:

PO Made:

ORO31

500685.011.0061

# St. Mary's Regional Medical Center Operating Room Charge Sheet

## Injectables

1288	Decadron 4mg/ml vial (Dexamethasone)
3082	Depo-Medrol 40mg vial
3085	Depo-Medrol 80mg vial
1741	Epinephrine 1:1000 Tubex
2044	Gentamycin 80mg/2ml vial
2056	Glucagon 1mg vial
5464	Heparin 10 units/ml 30ml vial (Hep-Lock)
5803	Heparin 1000 units/ml 10ml vial
2224	Heparin 5000 units/ml Tubex
2419	Indigo Carmine 10ml amp.
5985	Kefzol Irrigation 1g/1000ml
2647	Lidocaine 1% 20ml vial
2662	Lidocaine 2% 20ml vial
5673	Lidocaine w/Epi 1% 20ml vial
5674	Lidocaine w/Epi 2% 20ml vial
2794	Mannitol 25% 50ml
5794	Methylene Blue 1ml amp.
3058	Methylene Blue 10ml amp.
3223	Mitomycin 0.3mg 10.6 ml
3781	Neo-Synephrine 1% 10mg vial
5080	Pitressin 20 units/amp (Vasopressin)
3553	Papaverine 30mg amp.
2890	Polocaine MPF 2% 20ml
5773	Sensorcaine 0.5% MPF 30ml
6024	Sensorcaine 0.5% w/Epi MPF 30ml
0610	Sensorcaine 0.25% w/Epi MPF 30ml
5772	Sensorcaine 0.25% MPF 30ml
4414	Sodium Bicarbonate 8.4% 50ml
2311	Solu-Cortef 100mg/ml vial
3097	Solu-Medrol 40mg/ml vial
5923	Urokinase 5000 units
2263	WyDase 150 units/ml vial
2266	WyDase 1500 units/10ml vial

## Narcotics

5706	Astromorph 10mg/ml
2571	Cocaine Flakes 325mg
1072	Cocaine Solution 10% 4ml

## Eye Preparations

6012	Amvisc Plus 0.8ml
0403	Atropine 1% 5ml
5820	Betagan 0.5%
5528	Betaxolol 0.5% (Betoptic)
4522	BSS 15ml
4525	BSS 500ml
4528	BSS Plus 500ml

Signature: S. HennessyDate: 3-8-01

SMA Pharmacy \chrg sheet.ppt4

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 G06605921-02 30 Pharmacy CC420

## Eye Preparations - Con't

5765	Collagen Shield
1156	Cyclogel 1% 2ml
1153	Cyclogel 2% 2ml
0343	Duratears
1936	Fluorescein 2%
2032	Gentamicin Sol. 5ml
1294	Maxitrol Ointment 3.5g
3349	Maxitrol Suspension 5ml
0061	Miochol 2ml/vial (Acetylcholine)
0697	Miostat 0.1% (Carbachol)
3760	Mydrin 2.5% sol 5ml (Phenylephrine)
3376	Neomycin, Bacitracin, Polymycin Eye Oint. 1/8oz
6079	Phaco Drug Kit
3763	Phenylephrine 10% dropperette
3823	Pilocarpine 1% sol. 15ml
3826	Pilocarpine 2% sol. 15ml
5736	Pilocarpine 4% GEL (Pilocarpine)
0451	Polysporin Oint. 3.5g
5661	Puralube Ointment
4708	Tetracaine .5% Solution (dropperette)
5910	Timoptic 0.5% (Ocudose) 0.45ml
4885	Tobrex 0.3% sol. 5ml
5767	Tobradex 2.5ml
5775	Tobradex Ointment 3.5g

## Topicals

4114	Aminocerv Cream (Urea Combo Vaginal Cr)
3532	Afrin 0.5% Spray
4606	AVC Cream 15%
5686	Avitene Can 1g (Microfibrillar Collagen)
3178	Avitene Sheet 70x35 (Microfibrillar Collagen)
0445	Bacitracin Ointment 15g
6068	Betadine Spray
3364	Cortisporin Solution
3367	Cortisporin Suspension
3931	Efodine Ointment 30g
2011	Gelfilm
2017	Gelfoam Sponge (small)
5675	Gelfoam Sponge (large)
6102	Gelfoam Powder
6066	Gentamycin Irrigation
3187	Mineral Oil Sterile 10ml
3376	Neosporin Oint. 15g
5621	Neosporin Irrigation Sol. 250ml
3769	Neo-Synephrine 0.125% sol
3775	Neo-Synephrine 0.25% Spray
1831	Ogen Vaginal Cream (Estrogen)
0454	Polysporin 15g Ointment
4360	Silvadene 20g (Silver Sulfadiazine)
4855	Thrombin 5,000 units - Vial
3376	Triple Antibiotic Ointment
2653	Xylocaine Jelly 2%

500685.011.0062

Please report to

ANESTHESIA INTERVIEW  
1ST FLOOR BY DAY SURGERYDate: 3/9/03  
Time: 8:00 AM

## Mary's Regional Medical Center

Pre-Admission Testing Office

Campus Avenue, P.O. Box 291 3/09/03 31010  
Lewiston, ME 04243-0291  
Telephone 777-8286, Fax 777-8224

## P.A.T. Testing Orders

- ☐
- Admission
- 
- ☐
- Early A.M. Admission
- 
- ☒
- Day Surgery

Patient Name Ronald Fontana

Address \_\_\_\_\_

Age: 38Date of Birth: 4/14/62

Telephone No. \_\_\_\_\_

Insurance #1 \_\_\_\_\_

Subscriber \_\_\_\_\_

Employer \_\_\_\_\_

Insurance #2 \_\_\_\_\_

Subscriber \_\_\_\_\_

Employer \_\_\_\_\_

Admitting Physician's Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Surgery Date: March 9thDiagnosis: (1) Urteral CalculusProcedure: (1) Uteroscopy + stone extractor; Stent Placement

Date Test Ordered: \_\_\_\_\_

Physician's Signature: [Signature]☒ Anesthesia Interview

Time In \_\_\_\_\_

Time Out \_\_\_\_\_

☐ Pre-Admission Testing

Time In \_\_\_\_\_

Time Out \_\_\_\_\_

Fasting ☐☒ Laboratory☒ CBC, AUTO DIFF☐ HGB☐ HCT☐ PLATELETS☒ COAG PROFILE☒ BLEEDING TIME☐ COMP. METABOLIC PANEL \*☐ CO2☐ ELECTROLYTES☐ RCIF☐ SODIUM (NA)☐ POTASSIUM (K)☐ GLUCOSE (8 HRS FASTING) \*☐ BUN☐ CREATININE☒ URINALYSIS, ROUTINE☒ URINALYSIS, CULTURE☒ BASIC METABOLIC PANEL☐ HEPATIC FUNCTION☐ AMYLASE☐ TYPE & SCREEN☐ TYPE & MATCH FOR☐ \_\_\_\_\_ UNITS☐ AUTOLOGOUS \_\_\_\_\_ UNITS☐ QUALITATIVE HCG☐ CHEMICAL PREGNANCY☐ OTHER: \_\_\_\_\_FASTING: NO FOOD OR  
LIQUIDS EXCEPT WATER  
\* 8 HOURS \*\* 14 HOURS☐ Cardiology☐ EKG☐ ECHO☐ STRESS ECHO☐ CHEMICAL STRESS ECHO☐ OTHER☐ APPT TIME & DATE: \_\_\_\_\_☐ Radiology

Time in: \_\_\_\_\_

Time out: \_\_\_\_\_

☐ CHEST☐ OTHER: \_\_\_\_\_☐ Respiratory☐ ABG☐ PULMONARY FUNCTION TEST☐ SIMPLE PFT☐ PRE & POST BRONCHODILATION☐ OTHER: \_\_\_\_\_

Appointment Time &amp; Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please Return to Pt. Representative Office (located across from lab) following Testing &amp; Interview

500685.011.0063

140204



## St. Mary's Regional Medical Center Doctor's Order Form

**Please Check ONE**

- ☐ Inpatient Admission (I)
- ☐ 23 Hour Observation (Outpatient) (V-O)
- ☐ Day Surgery (Home Same Day) (D-Z)
- ☐ Day Surgery (With Overnight) (D-Z)
- ☐ Day Surgery to 23h Observation (V-O)
- ☐ Admit as Inpatient to Observation Room on Med/Surg (I)

DAY SURGERY 3/09/01 1431040  
MR 221342 MAILHOT, PAUL  
FANTOZZI, RONALD M  
40 POLAND RD  
AUBURN ME 04210  
DOB [REDACTED] V62 TEL 782-3873  
C06405821-02 302-1610  
Addressograph Imprint

**Diagnosis:**

**Allergies:**

[illegible]

ORIGINAL FOR CHARTS  
DOCTOR'S ORDER FORM



**ST. MARY'S REGIONAL MEDICAL CENTER  
DAY SURGERY UNIT - DISCHARGE INSTRUCTIONS**

**CALL YOUR PHYSICIAN FOR:**

1. Temp. above 100 or severe chills.
2. Persistent nausea/vomiting
3. Excessive swelling, redness, bruising, tenderness around incision.
4. Excessive bleeding or drainage on the dressing.
5. Severe pain unrelieved by pain med.
6. If surgery on arm, leg or hand, report excessive swelling, discoloration or numbness.

DAY SURGERY 3/09/01 1431040  
RN 221342 MAILHOT, PAUL  
FANTOZZI, RONALD M  
40 POLAND RD  
AUBURN ME 04210  
DOB [REDACTED] 62 TEL 782-3873  
006605921-02 3021616

**IF UNABLE TO REACH YOUR PHYSICIAN, YOU  
MAY CALL: ST. MARY'S EMERGENCY ROOM  
AT 777-8120.**

**ACTIVITY:**

For the remainder of the day, stay at home and rest.  
You may be sleepy up to 24 hours.  
**NO DRIVING** or operating hazardous machinery for 24 hours.  
Check with your doctor if you have any questions about  
returning to work, sports, or strenuous physical activity.  
**AVOID MAKING MAJOR DECISIONS TODAY.**  
**DO NOT SIGN ANY IMPORTANT PAPERS TODAY!**

**HYGIENE:**

**NO baths or showers on the day of surgery.**  
You may resume baths/showers in \_\_\_\_\_ days.

**DIET:**

**NO alcohol for 24 hours following your surgery.**  
Begin with liquids and **EAT LIGHTLY** at first - continue to  
eat and drink small amounts at a time - at frequent  
intervals, today.

**DRESSING:**

Keep dressing clean and dry. You may remove and/or change  
dressing in \_\_\_\_\_ days.  
If surgery on arm or hand, elevate above chest level to  
prevent swelling and decrease discomfort.

**MEDICATION INSTRUCTION:**

*prescription as directed*

**ADDITIONAL INSTRUCTIONS:**

*Drink plenty of fluids -*

**FOLLOW - UP APPOINTMENT**

DOCTOR: *Mailhot*

OFFICE # *7837892*

DATE: *10 days*

TIME: \_\_\_\_\_

I HAVE READ AND UNDERSTOOD THESE INSTRUCTIONS:

*[Signature]*  
(Patient's Signature, Date & Time)

Accompanying Adult's Signature: *[Signature]*

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

am/pm

Staff Witness: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

am/pm



**SITES:**  
RA = RIGHT ARM  
LA = LEFT ARM  
RT = RIGHT THIGH  
LT = LEFT THIGH  
ABD = ABDOMEN  
RH = RIGHT HIP  
LH = LEFT HIP

ADDRESS PLATE HERE

[illegible]

2008

NAME \_\_\_\_\_

500685.011.0068

**St. Mary's Regional Medical Center**  
**Patient Valuable List**

DAY SURGERY 3/09/01 1431040  
 MR 221342 HAILHOT, PAUL  
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 401 POLAND RD  
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(X)	Item	Description
<input checked="" type="checkbox"/>	Eye Glasses	
<input checked="" type="checkbox"/>	Hearing Aid(s)	
<input checked="" type="checkbox"/>	Dentures/Partials	
<input checked="" type="checkbox"/>	Money	
<input checked="" type="checkbox"/>	Jewelry	Wedding BAND.
<input checked="" type="checkbox"/>	Canes, Walker, Wheel Chair	
<input checked="" type="checkbox"/>	Medication (please send home if possible)	
<input checked="" type="checkbox"/>	Other	Clothes

**Release from Responsibility for Personal Property**

I understand and agree that under no circumstances will St. Mary's be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept in safe keeping at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

Patient/Guardian Signature

*X Debra J. Fantozzi*

Date

*3/9/01*

140030

SMNRSINGFORMS.FMS

500685.011.0069

*Ronald Fantozzi*

## St. Mary's Regional Medical Center

DAY SURGERY 3/07/01 1431040  
 MR 221342 MAILHOT, PAUL  
 FANTOZZI, RONALD M  
 40 POLAND RD  
 ALBURN ME 04210  
 DOB [REDACTED] /62 TEL 782-3873  
 006605921-02 3021616

### Your Rights as a Patient

At St. Mary's, we have committed ourselves to giving our patients quality, efficient care with compassion and respect. And that means affording you some basic rights that you can expect as a patient.

- You have the right to appropriate medical care, regardless of sex, race, religion, color or national origin.
- You have the right to be treated with respect.
- You have the right to personal and informational privacy within the constraints of the law and insurance coverage.
- You have the right to a safe environment.
- You have the right to know the identity of individuals providing your care.
- You have the right to visitors, providing they observe a "good neighbor" policy.
- You have the right to participate in decisions concerning your care.
- You have the right to refuse treatment.
- You have the right to an explanation of your bill.

### Your Responsibilities as a Patient

- For your safety and well-being, we expect you to provide accurate, complete information in all matters relating to your health.
- It is important that you report all changes in your condition.
- It is important that you follow the recommended treatment plan. If you are considering not following the plan, please notify us immediately.
- We ask that you adhere to medical center rules and regulations affecting your care and that of other patients.
- Please be considerate of the rights of other patients and make sure that your visitors respect these rights as well.
- Respect the property of others and that of the medical center.
- Assure that your financial obligations are promptly met.

I have read and understand my rights and responsibilities as a patient  
 at St. Mary's Regional Medical Center.

*Ronald Fantozzi*  
 Patient Signature:

*3-7-01*  
 Date

*10:40*  
 Time

120097

SMNURSINGFORMS4

500685.011.0070

St. Mary's Regional Medical Center  
Multidisciplinary  
Patient / Family Education Assessment

*Ronald Fantozzi*  
DAY SURGERY 3/09/01 1431040  
MR 221342 MAILHOT, PAUL  
FANTOZZI, RONALD M  
40 POLAND RD  
AUBURN ME 04210  
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006605921-0

Date: *03-07-01* Time: *1030*

Name of family or significant other involved with care: *Nehra*

Relation: *wife*

I. Assessment of Learner		Patient
Readiness to Learn		<input checked="" type="radio"/> Yes <input type="radio"/> No
A. Able		<input checked="" type="radio"/> Yes <input type="radio"/> No
B. Motivated		<input checked="" type="radio"/> Yes <input type="radio"/> No
C. Unable due to the following		<input type="radio"/> Yes <input checked="" type="radio"/> No
fatigue		<input type="radio"/> Yes <input checked="" type="radio"/> No
pain		<input type="radio"/> Yes <input checked="" type="radio"/> No
depression		<input type="radio"/> Yes <input checked="" type="radio"/> No
anxiety		<input type="radio"/> Yes <input checked="" type="radio"/> No
lack of family / friend support		<input type="radio"/> Yes <input checked="" type="radio"/> No
other		<input type="radio"/> Yes <input checked="" type="radio"/> No
Explanation:		

II. Variables to Learning		Patient
Literacy / Educational Factors		<input type="radio"/> Yes <input checked="" type="radio"/> No
Spoken Language		<input type="radio"/> Yes <input checked="" type="radio"/> No
Cultural / Spiritual		<input type="radio"/> Yes <input checked="" type="radio"/> No
Hearing		<input type="radio"/> Yes <input checked="" type="radio"/> No
Eyesight		<input type="radio"/> Yes <input checked="" type="radio"/> No
Psychological		<input type="radio"/> Yes <input checked="" type="radio"/> No
Speech		<input type="radio"/> Yes <input checked="" type="radio"/> No
Physical Limitation		<input type="radio"/> Yes <input checked="" type="radio"/> No
Financial Implications		<input type="radio"/> Yes <input checked="" type="radio"/> No
Cognitive		<input type="radio"/> Yes <input checked="" type="radio"/> No
Denies Need for Education		<input type="radio"/> Yes <input checked="" type="radio"/> No
Explanation:		

*M. G. M. L.*

III. What is your preferred learning style?			
Explanation	<input type="radio"/> Yes <input type="radio"/> No	Group Discussion	<input type="radio"/> Yes <input type="radio"/> No
Written Material	<input type="radio"/> Yes <input type="radio"/> No	Actual "Hands On"	<input type="radio"/> Yes <input type="radio"/> No
Demonstration	<input type="radio"/> Yes <input type="radio"/> No	Role Playing	<input type="radio"/> Yes <input type="radio"/> No
Audio / Visual Aides	<input type="radio"/> Yes <input type="radio"/> No		
Explanation:			

IV. What do you need to learn to take care of yourself & keep yourself healthy?	

V. Patient / Family Educational Needs (in order of priority):	
1	3
2	4

RN Signature:

500685.011.0071



DAY SURGERY 3/09/01 1431040  
 ME 021342 MAILHOT, PAUL  
 FANTOZZI, RONALD M  
 40 POLAND RD  
 AUBURN ME 04210  
 DOB [REDACTED] 1962 TEL 782-3873  
 006605921-02 3021616

RT - Recreation Therapy  
OT - Occupational Therapy  
PT - Physical Therapy  
ST - Speech Therapy

**Method:**  
W - Written  
V - Verbal  
AV - Audio Visual  
D - Demonstration  
I - Interpreter

**Outcome:**  
DU - Demonstrates Understanding  
VU - Verbalizes Understanding  
N - Needs Further Education  
RD - Returns demonstration

- F. Discharge Instructions
- G. Equipment (safe & effective use)
- H. Food / Drug Interaction
- I. Infection Control
- J. Medication (safe & effective use)

- K. Newborn Care / Post Partum
- L. Nutrition / Diet Therapy
- M. Osmotic Teaching
- N. Patient rights
- O. Personal Care / Hygiene

- P. Pre/Post Op Education
- Q. Procedure / Test (Identify)
- R. Pulmonary Teaching
- S. Rehab services
- T. Resource Referral

U. Safety  
V. Spiritual / Cultural  
W. Wound / Dressing  
X. Other

[illegible]

121 old 704-4-30

<b>ST. MARY'S REGIONAL MEDICAL CENTER PATIENT ADMISSION ASSESSMENT</b>						
ROOM #	DATE PATIENT TO UNIT:	TIME TO UNIT:	AMBULATORY STRETCHER WHEELCHAIR			
CONTACT PERSON:		RELATIONSHIP	PHONE NO.			
<i>Debra</i>		<i>Wife</i>	<i>782-3843</i>			
DIAGNOSIS: <i>St. Gallen's Calculus</i>						
COMMUNICATION: Language Preference: English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> * Family Translator (requires release from patient) * Other Translator * Phone No						
Allergies: Medications: No Yes (specify): <i>Hayfever</i>						
Foods: No Yes (specify): Latex: No Yes						
BP <u>  </u> T <u>  </u> P <u>  </u> R <u>  </u>		Hearing: <input checked="" type="checkbox"/> normal <input type="checkbox"/> impaired <input type="checkbox"/> aids <input type="checkbox"/> Rt. <input type="checkbox"/> Lt.				
Wgt <i>79.3</i> Kg Ht <i>5</i> ft <i>8</i> in (actual / stated)		Vision: <input type="checkbox"/> normal <input type="checkbox"/> impaired <input type="checkbox"/> blind <input type="checkbox"/> glasses <input type="checkbox"/> contacts				
Brief History of Present Illness: <i>Stomach pain for 1 month</i>		Disabilities: <input type="checkbox"/> speech <input type="checkbox"/> MR <input type="checkbox"/> other Teeth: <input checked="" type="checkbox"/> intact <input type="checkbox"/> loose <input type="checkbox"/> none <input type="checkbox"/> top <input type="checkbox"/> bottom Dentures: <input type="checkbox"/> full <input type="checkbox"/> partials <input type="checkbox"/> plates <input type="checkbox"/> top <input type="checkbox"/> bottom				
Pertinent Medical History:						
<input type="checkbox"/> no major problems <input type="checkbox"/> unable to obtain history <input type="checkbox"/> psychological/emotional <i>anxiety / panic attacks</i> <input type="checkbox"/> cardiovascular (CVA, HTN, chest pain, etc) <i>chronic heart</i> <input type="checkbox"/> respiratory (TB, COPD, asthma, etc) <input type="checkbox"/> genitourinary <input type="checkbox"/> gastrointestinal (ostomy, diarrhea, constipation) <i>Colitis</i>						
<input type="checkbox"/> neurological (seizures, etc) <input type="checkbox"/> integumentary <input type="checkbox"/> musculoskeletal <input type="checkbox"/> diabetes <input type="checkbox"/> kidney disease <i>Multiple calculi</i> <input type="checkbox"/> cancer						
<input type="checkbox"/> blood disorders <input type="checkbox"/> transfusion reactions <input type="checkbox"/> reaction to anesthesia <input type="checkbox"/> other						
Comments: <i>Type C Hepatitis</i>						
Implantable devices:						
<input type="checkbox"/> pacemakers <input type="checkbox"/> ports / central lines <input type="checkbox"/> intrathecal pumps <input type="checkbox"/> deep brain stimulator (DBS) <input type="checkbox"/> other (specify)						
Pertinent Surgical History: (Include dates)						
1) <i>Appendectomy</i> 2) <i>Colon resection</i> 3) <i>Cholecystectomy</i>						
Medication Profile:						
Drug Name (Include Rx, OTC, Herbal Supp.)	Dose:	Frequency	Date/Time of Last Dose	Reason for Taking Med	Takes as Ordered Yes/No	Side Effects, if Any
<i>Oxycontin</i>	<i>30 mg</i>	<i>40 times</i>				
<i>Hydrocodone</i>	<i>5 mg</i>	<i>daily</i>				
<i>Prozac</i>	<i>10 mg</i>	<i>daily</i>				

RN/LPN Signature *[Signature]* RN/LPN Signature

Fax to Pharmacy

RN/LPN Signature RN/LPN Signature



ST. MARY'S REGIONAL MEDICAL CENTER  
PATIENT ADMISSION ASSESSMENT

Page 2

DAY SURGERY 3/09/01 1431040  
PR 221342 MAILHOT, PAUL  
FANTOZZI, RONALD M  
40 POLAND RD  
AUBURN, ME 04216  
addressograph imprint  
TEL 782-5873

## Physical Assessment

<b>Neurological</b> POT. SELF CARE DEFICIT / POT. FOR INJURY, IMMOBILITY / ALT. NEURO STATUS	Neurological: A&O x3, PERL, speech clear, face symmetrical. No c/o headache, blurred vision, photophobia, or dizziness. Grips, arms and leg strength equal. No difficulty w/ coordination, tremors, weakness, numbness, memory or swallowing.	605921-02	6021616
<b>Cardiovascular</b> POT. ALT. CARDIOVASCULAR FUNCTION / TISSUE PERFUSION	Cardiovascular: Apical pulse reg., peripheral pulses present, no systemic edema or calf tenderness. Capillary refill time < 3 sec. Color WNL, no chest pain.		
<b>Respiratory</b> POT. ALT. RESP. FUNCTION, INFECC. AIRWAY CLEARANCE, INFECC. BREATHING PATTERN	Respiratory: Lung sounds clear. Respiratory rate 10-24 and regular. Respirations quiet, nonlabored and without use of accessory muscles. No crackles or wheezes. Pink nail beds and mucous membranes.		
<b>Gastrointestinal</b> POT. ALT. NUT. ALT. BOWEL ELIMIN. CONSTIPATION, DIARRHEA, INCONTINENCE SPECIAL DIET:	Abdomen soft, nontender. Stools within own pattern & consistency. Continent, normoactive bowel sounds; no N&V. Tolerating diet, appetite good to fair. No difficulty chewing or swallowing. No recent weight loss/gain > 10 lbs		
<b>Genitourinary</b> ALT. URINARY ELIMIN / POT. FOR INFECTION W/FOLEY	Urinary: Voids spontaneously, clear yellow urine, without burning, frequency, or urgency on urination. Continent. States able to empty bladder. If foley, UO WNL for patient.		
<b>Musculoskeletal</b> POT. ACTIVITY INTOL. / POT. FOR IMMOBILITY/PAIN / RISK FOR INJURY, FALLS	Moves all extremities. No joint swelling, tenderness, muscle weakness or spasms. Gait is steady. ROM WNL.		
<b>Integumentary</b> POT. IMPAIRED SKIN INTEGRITY / POT. ABUSE	Skin warm, dry & intact. No sign of incisional infection. Staples/sutures intact. No abrasions, bruises, red areas, lacerations, pressure areas or burns. Any suspect abuse, refer to social service		
<b>Psychosocial</b> POT. IMPAIRED ADJUSTMENT / POT. INEFFECTIVE COPING	Realistic interpretation of illness. Understands plan of care. Effective utilization of support system; effective coping. Characteristics of appearance, behavior, coping and verbalization appropriate to situation.		

## Psychosocial/Spiritual/Cultural Issues

Support Systems: (family, caregivers, etc.) wife, 2 children  
 Occupation: disabled Hrs. worked/week \_\_\_\_\_ Retired \_\_\_\_\_  
 Activities / hobbies golfing  
 Describe your usual sleep pattern \_\_\_\_\_ Sleep Assist Y or N If yes, specify \_\_\_\_\_  
 Do you smoke? Y or N PPD \_\_\_\_\_ # Years \_\_\_\_\_ # Years Quit \_\_\_\_\_  
 Do you wish support during this non-smoking period? Y or N  
 Describe amounts and time of use of alcohol: 2  
 Describe amounts and time of use of caffeine: 2  
 Describe amounts and time of use of other chemicals: \_\_\_\_\_  
 Do you have any spiritual needs that our pastoral care dept. can help with? Y or N If yes, specify \_\_\_\_\_  
 Do you have any cultural/spiritual practices that you need help in meeting during your hospitalization? Y or N If yes, specify \_\_\_\_\_  
 Have you had any recent changes / losses / stresses in your life? Y or N If yes, specify \_\_\_\_\_  
 How do you deal with stress? What helps you to deal with difficult situations? \_\_\_\_\_  
 Have you ever required psychiatric treatment? Y or N If yes, specify \_\_\_\_\_

RN Signature [Signature]  
 RN Signature \_\_\_\_\_

RN Signature \_\_\_\_\_  
 RN Signature \_\_\_\_\_

500685.011.0074

ST. MARY'S REGION MEDICAL CENTER  
PATIENT ADMISSION ASSESSMENT

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DAY SURGERY 3/09/01 1431040  
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 40 POLAND RD  
 AUBURN ME 04210  
 008 762 TEL 782-3873  
 006605921-02 3021616

addressograph imprint

## Skin Integrity Assessment

General Condition	Score	Mobility (extremities)	Score	Skin / Tissue Status	Score
Good	0	Full active range	0	Good (well nourished / skin intact)	0
Fair	1	Limited movement with assist	2	Fair (poor nourished / skin intact)	1
Poor	2	Moves only with assist	4	Poor (skin not intact)	2
		Immobile	6	Stage 1 & 2 ulcer	8
				Stage 3 & 4 ulcer	8
LOC (to commands)	Score	Incontinence Bowel / Bladder	Score	Nutrition (for age and size)	Score
Alert (responds readily)	0	None	0	Good (eats/drinks adequately - 3/4 meal)	0
Lethargic (slow to respond)	1	Occasional (< 2x in 24 hours)	2	Fair (eats/drinks inadequately - 1/2 meal)	1
Semi Comatose (responds only to verbal or painful stimuli)	2	Usually (> 2x in 24 hours)	4	Poor (unable/refuses to eat/drink - < 1/2 meal)	2
Comatose (no response to stimuli)	3	No control	6		
Activity	Score				
Ambulates without assist	0				
Ambulates with assist	2				
Chairfast	3				
Bedfast	4				

## Fall Risk Assessment

General Condition	Score	General Condition	Score	General Condition	Score
Recent History of falls	20	Poor eyesight	5	Use of orthopedic devices (walker, cane, crutches)	10
Recent history of seizures	15	Language barrier	5	Incontinence / Bowel Preps / Diuretics	10
Recent history of syncope	15	Confused / disoriented	15	Uncooperative attitude	5
Drug or alcohol withdrawal	10	Unstable gait / balance	15	Age 2 years or less, 65 years or more	5
Narcotic or sedative	10	Poor hearing	5		

## Pain Assessment

Pain: Y or N. If yes, location: right flank - RT side Cracks

Pain Intensity: 1 to 5 3 (5 being the most severe) Duration constant Patient unable to evaluate no

Quality of pain? sharp stabbing dull tingling constant intermittent

other no

Limited mobility related to pain? Y or N If yes, consult with PT

Onset / history: 1 month + years Cracks

Aggravating factors: no

Alleviating factors: no

What medications relieve your pain? Oxycontin

What treatments are you currently using and are they effective? meds

RN Signature M. Guadalupe

RN Signature \_\_\_\_\_

RN Signature \_\_\_\_\_

RN Signature \_\_\_\_\_

500685.011.0075

ST. MARY'S REGIONAL MEDICAL CENTER  
PATIENT ADMISSION ASSESSMENT  
page 4

DAY SURGERY 3/09/01 1431040  
MR 221342 MAILHOT, PAUL  
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40 POLAND RD  
AUBURN ME 04210  
DOB [REDACTED] 62 TEL 782-3873  
006605921-02 3021616

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Nutrition Screen	
Weight loss/gain _____ Kg/lbs in _____ weeks / months	Trigger Order # _____
Active Problem(s):	
Poor appetite for 2 days prior to admission? Y or N <u>N</u>	Adult (>18 years)
Diarrhea for 24 hrs. prior to admission? Y or N <u>Constant</u>	Unintentional weight loss 10 lbs in the past month? Y or N
Surgery planned and 80 years or older? Y or N <u>N</u>	Infant, Toddler, Child & Adolescent (<18 years)
Diagnosis malnutrition or FTT? Y or N <u>N</u>	Any weight loss? Y or N
Tubefeeding, TPN or PPN? Y or N <u>N</u>	Toddler, Child, Adolescent & Adult (>1 year)
High risk pregnancy/ e.g. gestational diabetes, hyperemesis, pregnancy induced HTN, or lactating? Y or N <u>N</u>	Difficulty chewing or swallowing food/liquid? Y or N
Other (specify)? Y or N <u>N</u>	Infant (<1 year)
	Difficulty sucking or swallowing? Y or N
Any Y answer will trigger a Nutrition assessment	
Respiratory Screen	
Do you smoke or chew tobacco? Y or N <u>N</u>	Trigger Order # _____
Do you have a cough? Y or N <u>N</u>	How many years? _____ PPD? _____
Do you have post nasal drip? Y or N <u>N</u>	Do you produce sputum? Y or N <u>N</u>
Do you snore? Y or N <u>N</u>	What is the Color? _____
Are you currently SOB? Y or N <u>N</u>	Do you have seasonal allergies? Y or N <u>N</u>
Have you been treated for: _____	Do you become sleepy during the day? Y or N <u>N</u>
Pneumonia Y or N <u>N</u>	Describe what happens? _____
Tuberculosis Y or N <u>N</u>	Have you been told you have: _____
Lung Cancer Y or N <u>N</u>	Asthma Y or N <u>N</u>
	Emphysema Y or N <u>N</u>
	Chronic bronchitis Y or N <u>Chronic bronchitis</u>
A total of 6 Y answers will trigger a RCP assessment	
Rehabilitation Services	
Trigger Order # _____	Trigger Order # _____
Physical and Occupational Therapy	
<input type="checkbox"/> Limited strength 2	<input type="checkbox"/> Chronic leg edema 2
<input type="checkbox"/> Limited endurance 2	<input type="checkbox"/> Chronic arm edema 2
<input type="checkbox"/> Limited coordination 2	<input type="checkbox"/> Unsteady gait/freq falls 2
<input type="checkbox"/> Prosthesis/orthosis 2	<input type="checkbox"/> Limited use of arms 2
<input type="checkbox"/> Uses a device to walk 1	<input type="checkbox"/> Arm/hand pain 3
<input type="checkbox"/> Limited use of legs 2	<input type="checkbox"/> Arm/hand contractures 3
<input type="checkbox"/> Assist w/ transfers 2	<input type="checkbox"/> Assist w/ ADLs 3
<input type="checkbox"/> Back/leg pain 2	<input type="checkbox"/> Neglect/visual field cut 3
A combined score of 4 or > in the PT/OT areas will generate a PT +/- OT assessment.	
Any areas checked off in the Speech Therapy section will generate a ST assessment.	
Speech Therapy	
Indicate any difficulties:	
<input type="checkbox"/> Chewing	<input type="checkbox"/> Swallowing
<input type="checkbox"/> Coughing when drinking	<input type="checkbox"/> Speaking
<input type="checkbox"/> Moving tongue and lips	<input type="checkbox"/> Understanding
<input type="checkbox"/> Memory or cognition	<input type="checkbox"/> Hearing
Social Screen	
Living Situation: Alone: Y or N <u>N</u> Nursing Facility: Y or N _____ Boarding Home: Y or N _____ Unknown: Y or N _____	Trigger Order # _____
Do you have any problems with transportation? If yes, specify _____	
Do you use any medical equipment at home? Y / N If yes, specify _____	
Oxygen: Y / N If yes, name of company _____	
What community resources were you using prior to admission? _____	
Home Health Services: Y / N If yes, agency name _____	Meals On Wheels Y / N _____
	Lifeline Y / N _____
	Senior Plus Y / N _____
Have you ever been physically, sexually or emotionally abused? Y or N If yes, specify _____	
Do you have any emotional / family / home concerns or major life changes? Y or N	
Child < 3 yrs old with any fractures? Y or N	
Child with immunizations not up to date? Y or N	
Child aged 0 - 14 readmitted within 30 days? Y or N	
Any Y answer will trigger a Department Case Management assessment	

RN Signature \_\_\_\_\_

RN Signature \_\_\_\_\_

RN Signature \_\_\_\_\_

RN Signature \_\_\_\_\_

500685.011.0076

St. Mary's

RE )NAL MEDICAL CENTER

[illegible]

ADJ 02/17/01 AGE 035Y  
 14-1022 JOURNALISM  
 43 JULIANO RD  
 ALBANY ME 04210  
 207633421-33 3571515

I understand that I can refuse to release medical information for the purposes above listed. I also understand that if I refuse to release this information my insurance company or other persons liable to bear my hospital expenses may not pay my expenses while I am treated at Facility and that refusal to release this information may result in improper diagnosis and treatment. I understand that this authorization to release medical information may be revoked (canceled) by me at any time. I understand that Facility may properly rely upon any authorization I have given to release medical information with respect to any disclosure made before revocation of such authorization.

**PAYMENT TERMS:** I understand payment of charges for medical care from Facility is due for services rendered within thirty (30) days of service unless otherwise determined by Facility, and that I will be responsible for any fee incurred by Facility for collection of delinquent charges or attorney's fees incurred in connection therewith. If I am financially unable to do so, upon request, I agree to complete a detailed financial statement so that alternative payment arrangements can be determined.

*K. F.*  
 PATIENT INITIALS

**AUTHORIZATION FOR PAYMENT OF MEDICAL BENEFITS:** I certify that the information given by me in applying for payment by the Medicare or Medicaid programs or any managed care provider is correct. I request that payment of authorized benefits be made to Facility and to physicians or organizations providing medical services to me or for my benefit. For extended outpatient services, I request that this authorization apply to the extent of my services. If I receive medical services, which are not covered by Medicare or Medicaid because those programs determine that the services are not medically necessary, I understand that I have the obligation to pay for those services. I agree to pay all charges for services not authorized for payment by any health maintenance organization, preferred provider organization or other managed care organization for which I seek certification for treatment by Facility.

**ASSIGNMENT OF BENEFITS:** I hereby assign to Facility and related contracted professional service providers all hospital or professional service insurance benefits now due or which may become due and payable to me or on my behalf (but not to exceed the charges for such services) by virtue of my treatment at Facility, and I hereby direct any person including but not limited to, an insurance company, third party administrator, my employer, preferred provider organization or other person responsible for payment of my medical care to pay such benefit directly to Facility in consideration of the care, treatment and services furnished or to be furnished by or through Facility.

**AN IMPORTANT MESSAGE FROM MEDICARE/CHAMPUS:** I certify that I have received the Medicare Bill of Rights entitled "An Important Message From Medicare/Champus". Acknowledgement of receipt of this message does not waive any of my rights to request a review or make me liable for payment.

**NOTICE:** I understand Facility will provide information about my general condition and location within Facility in order to respond to questions about my condition, so I may receive telephone calls, visitors, mail, gifts or other deliveries, and to facilitate communications with the Facility's pastoral services department and clergy, except as required by law. I have been notified that by marking the box my name will be removed from the directory listing of persons cared for at the Facility, and understand that removal of my name from the directory may result in the inability of the Facility to direct visitors, correspondence or telephone calls to me. ☐

**NAME OF INSURANCE COMPANY/THIRD PARTY PAYOR:** *CEGNA*

I have read this consent/authorization/assignment statement completely.

*FEB 24 2001* *K. F.* *FEB 24 2001* *Diane Blake*  
 Date Time Patient's Signature Date Time Witness' Signature

Date Time Patient's Representative Sig. Relationship  
 (legal guardian/POA)

Date Time Telephone Consent By Date Time Witness' Signature

Date Time Witness' Signature

Date Time Guarantor's Signature Relationship

Admission Form 12/2000 - 140209

500685.011.0078

St. Mary's Regional Medical Center  
Emergency Department  
Campus Avenue, Lewiston, ME 04240  
207-777-8120

Hospital Account #: 1419110

Patient Name: Fantozzi, Ronald M MR#: 00221342 Date: 02/24/01  
Y

Time1: 10:10 Time2: 10:05 Time3: 10:08 Time4: 10:10

DOB: 04/16/1962

Age: 38 Sex: M Private Physician: MICHAEL J BOULANGER, M.D.

Chief Complaint: Left flank pain.

Cause of Injury: \*

Subjective Findings

**History of Present Illness:** The patient presents to the Emergency Room with severe left flank pain which started early this morning. He says that he has been having some discomfort in his back over the last couple of weeks. This has been coming and going and has not ever been severe. He saw Dr. Monzel who takes care of his gastrointestinal disorders and had tests done a few days ago, but he did not know the results of them. He continued to have some discomfort in the left flank area until this morning, when I got much worse. He said that he is not noticing blood in his urine but does have frequency and says he voids in small amounts. He also had some nausea today but no vomiting and has had some sweating associated with pain.

**Review of Systems:** He always has diarrhea. It does not seem to have been any worse lately. He does not have any weight loss. He thinks he has been drinking adequate fluids. He has had mild headache, no visual changes, no difficulty swallowing, no right-sided pain, no chills, no fevers, no rashes, no joint complaints. Patient had no eye, ear, nose and throat complaints. He had no chest pain or breathing difficulties.

**Allergies:** None.

**Medications:** Currently OxyContin 30 mg twice a day which he has cut himself down to from an early chronic dose of 40 mg twice a day. He is hoping to stop using it altogether. He also is on Imuran for his Crohn's disease.

**Tetanus Status:** \*

**Past Medical History:** Crohn's disease and kidney stones needing stenting and lithotripsy in the past. He was cared for on that occasion by Dr. Mailhot.

**Social History:** He does not smoke.

**Family History:** \*

MA036077 Terrence W. Flanagan, M.D. Location: 72 Page 1

500685.011.0079

St. Mary's Regional Medical Center  
Emergency Department  
Campus Avenue, Lewiston, ME 04240  
207-777-8120

Patient Name: Fantozzi, Ronald M MR#: 00221342 Date: 02/24/01  
Y

Vital Signs Temp: 36.9 C Pulse: 102 Resp: 24 BP: 150/80

Objective Findings: The patient appears uncomfortable sitting in a chair, leaning over a pillow towards his left side. His lungs are clear to auscultation. Heart sounds unremarkable. He has left CVA tenderness to percussion. There are no masses palpable. There are no bruits to his back. Onabdominal exam, he does have bowel sounds present. He has no tenderness in his left upper quadrant or left lower quadrant. The patient has no rashes. He has no muscular tenderness or weakness. Chest is nontender.

Differential Diagnoses: Kidney stone versus pancreatitis versus Crohn's disease with abscess.

Procedures: \*  
Nurse/Consultant Procedures: \*

Diagnostic Tests and Interpretations

A B G/PULSE OXIMETRY: \*

X - RAY: KUB read by me showed no evidence of stone. A spiral CT scan read by radiologist showed a 5 to 10 mm stone just below the left ureteropelvic junction without evidence of obstruction.

E K G/Other: \*

LABS: Urinalysis was positive for blood. Today his tests done three days ago were recovered and showed an amylase normal and lipase elevated at 381. At that time he also had a white count of 7,000 and hemoglobin of 13.9.

Medical Decision Making: Emergency Department Course: When the patient arrived in the Emergency Department, he was given intravenous Fentanyl and Toradol with minimal relief of his symptoms. He was given more Fentanyl but continued to be uncomfortable. He was then given 50 mg of Demerol intravenous and 12.5 mg of Phenergan intravenous. After that he did feel more comfortable and at that point was able to urinate for the first time. This followed the spiral CT. He did appear much more comfortable after that and it is unclear whether he might have passed the stone into his bladder by then or not.

Clinical Impressions

DX 1: Left-sided ureteral stone.  
DX 2: \*  
DX 3: \*  
DX 4: \*

Discharge Condition: Stable.

Disposition: Treated and released.

MA036077 Terrence W. Flanagan, M.D. Location: 72 Page 2

500685.011.0080



St. Mary's Regional Medical Center  
Emergency Department  
Campus Avenue, Lewiston, ME 04240  
207-777-8120

Patient Name: Fantozzi, Ronald M MR#: 00221342 Date: 02/24/01  
Y

**Discharge Plan/Instructions:** The patient is discharged with a prescription for Percocet 7.5 mg to take one or two every four to six hours as needed for pain control. He is advised to drink extra fluids, try to stay active, and he is further advised to follow up with Dr. Mailhot if he continues to have pain over the next few days.

Disposition time: 14:10

Admit time: \*

Dictated By: Terrence W. Flanagan, M.D.

  
\_\_\_\_\_  
Physician : Terrence W. Flanagan, M.D.

FAX CC:

J#42273  
CR#:0000160686  
L#72  
UPD 02/26/2001 jw j43024

Transcription Performed by: 036 WP Document ID: 0000137535  
Document Start: 02/24/2001 19:22  
Completed: 02/24/2001 19:22

MA036077

Terrence W. Flanagan, M.D.

Location: 72 Page 3

500685.011.0081

11/11/61 MR 221342  
 24/01 AGE 038Y  
 11/11/61 DONALD M  
 41 HOLLAND RD  
 ALBANY ME 04210  
 60001221-02 3821615  
 015 [REDACTED] 7823373

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Today

DATE: 10/05 NOTE: Severe R flank pain. Difficulty urinating.  
(for some time) No hematuria. Frequency - voiding in small  
amounts. Nausea. Sweats.  
Hx gradual onset back pain - progressive. Saw Doctor 3 days ago  
lab's drawn. No results yet.

<b>ALLERGIES</b>		<b>SMOKING HISTORY:</b>	
<b>PRESCRIPTIONS</b>	<b>MEDICAL HISTORY</b>	<b>ALLERGIES</b>	
Oxycodone 30mg 4m - pm	Chrons		
? Immuvac 30ug for Chron's	Kidney stones hx.   stint. stone disintegration		
		<b>TETANUS UTD</b> _____ <b>LMP</b> _____	
		<b>Weight</b> _____ <b>O<sub>2</sub> SAT</b> _____ <b>ON</b> _____	
		<b>Time</b>	<b>Temp.</b>
		P	R
		B/P	
		1008	36.9
		102	24
		150/80	
		<b>TRIAGE RN:</b> S Barton RN	
		<b>TRIAGE CLASS:</b> II	
		<b>NON URGENT</b> <input type="checkbox"/> <b>URGENT</b> <input checked="" type="checkbox"/> <b>CRITICAL</b> <input type="checkbox"/>	

ASSESSMENT									
<b>Mental Status</b>	<b>Skin</b>	<b>Pain N/A</b>	<b>Pupils N/A</b>	<b>Chest N/A</b>	<b>Abdomen N/A</b>	<b>Extremities N/A</b>			
<input checked="" type="checkbox"/> Awake <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Obeys Commands <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive <input type="checkbox"/> ETOH Glasgow Coma Scale	<input type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cool <input type="checkbox"/> Moist <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced	<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Present <b>Pain Scale</b> <input checked="" type="checkbox"/> Rating 1-10 <b>Cultural / Spiritual / Educational needs.</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Violence / Abuse / Neglect</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Pert Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Visual Acuity W/W/O OD _____ OS _____ Size R _____ MM L _____ MM	SOB Yes <input type="checkbox"/> No <input type="checkbox"/> Retractions Yes <input type="checkbox"/> No <input type="checkbox"/> Stridor Yes <input type="checkbox"/> No <input type="checkbox"/> R L <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Rhonchi <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/> Decreased	<input checked="" type="checkbox"/> Soft <input type="checkbox"/> Non-Tender <input type="checkbox"/> Bowel Sounds + <input type="checkbox"/> Bowel Sounds - <input type="checkbox"/> Firm <input type="checkbox"/> Tender <input type="checkbox"/> Distended	R L <input type="checkbox"/> <input type="checkbox"/> Pulses + <input type="checkbox"/> <input type="checkbox"/> Pulse - <input type="checkbox"/> <input type="checkbox"/> Edema <input type="checkbox"/> <input type="checkbox"/> Deformity <input type="checkbox"/> <input type="checkbox"/> Mobility Deficit <input type="checkbox"/> <input type="checkbox"/> Sensation Deficit <input type="checkbox"/> <input type="checkbox"/> Swelling			

TO A NEW/7/ OBSERVATION/ MEDICATIONS/ VITAL SIGNS						Signature
Time	P	R	B/P	Sat		
1045					No inc. identified @ head injury NS. Tired 30g IV over 2 min.	
1050					Antalg 75mg IV over 2 min.	AMH
1135					At 1135 void, pain returning. Antalg 25mg IV. To X-ray re. fracture.	AMH
1220	100	16	100	60	Back from X-ray. C/o ↑ abd pain. Still unable to void.	AMH
1235					Pl. C/o severe @ flank pain. Face flushed. Reported to Dr. Flanagan.	AMH
1300					Admin 5g IV morph.	SRSAJ
1205					Phenirgan 12.5g IV stat.	AMH
1405					IV D/C & FSOs absorbed	SRSAJ
					Discharged w/ instructions and prescription	SRSAJ
					See Additional Notes <input type="checkbox"/>	

INTAKE					OUTPUT			
Time	IV Fluid	Amount Infused	RN	P.O. Intake	Time	Type	Amount	Results
				Total:		Total:		

IV D/C'D ☐ Yes ☐ No

## Site Healthy

### Catheter Intact Upon D/C

MEDICAL RECORDS COPY

500685.011.0082

**St. Mary's Regional Medical Center**  
**45 Golder Street, Lewiston, ME 04240 (207)777-8100**  
**Aftercare Instructions**

for Ronald Fantozzi, Saturday, February 24, 2001, 1:59 pm

**IMPORTANT:** We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. If you had special tests such as EKG's and X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After leaving, you should **FOLLOW THE INSTRUCTIONS BELOW.**

You were treated today by **TERRENCE FLANAGAN MD.**

**KIDNEY STONE (Ureterolithiasis).**

A Kidney Stone is made in the urine inside the kidney, just like rock candy is made in sugar water. It is a crystal made of normal chemicals in the urine. It starts as a tiny speck and grows. A stone causes pain when it breaks loose and gets stuck on the way out. It usually gets stuck somewhere in the long tube between the kidney and the bladder. That tube is called the Ureter.

Most of these stones pass on to the bladder and out in the urine. When they do that, the pain goes away. A few stay stuck. They need to be removed by a doctor.

**Follow these instructions:**

- We have given you some medicine to dull your pain for the next day or two. We hope the stone will pass on its own. During that time you will need to strain your urine. That may catch the stone if it passes. The stone can then be tested in the lab to see what it is made of. Knowing this may help prevent stones in the future.
- If the pain goes completely away, let your doctor know.

**Call your doctor if:**

- the pain worsens or has not gone away in 2 days.
- you have new or severe symptoms.

**OXYCODONE WITH ACETAMINOPHEN (Percocet, Tylox, Roxicet).**

\*\*\*\*\*  
 Take this medicine by mouth in the following dose: 1-2 tablets every 4-6 hours if needed for pain.  
 \*\*\*\*\*

This is a strong pain medicine. Side effects may include: sleepiness, dizziness, constipation (hard stools), dry mouth, upset stomach or blurred vision. Allergy would show up as: rash or itching, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

**Follow these instructions:**

- Talk with your doctor before taking other medicines (including over-the-counter medicines).
  - Sit or stand slowly to avoid dizziness.
  - Use gum, hard candy or ice chips for a dry mouth.
  - Store this medicine away from heat, moisture or direct light.
  - Take this medicine with food to avoid an upset stomach.
  - Watch for signs of dependence. They include:
    - feeling that you "cannot live without this medicine".
    - you need more of this medicine than before to get the same relief.
  - Do not drink alcohol, drive or operate machinery while taking this medicine.
- Call your doctor if you have:**
- any sign of allergy.
  - any sign of dependence.
  - pain not helped by the pain medicine.
  - any new or severe symptoms.

\*\*\*\*\*  
**THESE ARE YOUR FOLLOW-UP INSTRUCTIONS!**  
 \*\*\*\*\*

Call Dr. MAILHOT MD in 2 days if not improving. Call sooner if worsening.

Call if not completely better in 5 days You can reach Dr. MAILHOT MD at 783-7892, 287 MAIN STREET, STE 300, LEWISTON, ME 04240.

\*\*\*\*\*  
 AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **CALL OR VISIT YOUR DOCTOR RIGHT AWAY.** If you can't reach your doctor, return to the Emergency Department.

"I understand the written and discussed instructions. My questions have been answered."

*[Signature: Xmas Debra Fantozzi]*  
 Patient or Responsible Person

\_\_\_\_\_  
 Physician or Nurse

SEATBELTS. There is no doubt that seatbelts save lives. Every day in the Emergency Department we see how people

**St. Mary's Regional Medical Center**  
**45 Golder Street, Lewiston, ME 04240 (207)777-8100**  
**Aftercare Instructions**

**for Ronald Pantozzi, Saturday, February 24, 2001, 1:59 pm**

without seatbelts are more severely hurt. We always  
buckle-up! Please do the same!

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**500685.011.0084**

ST MARY'S REGIONAL MEDICAL CENTER LEWISTON, ME 04240 (207)777-8400

DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

RUN DATE: 02/24/01

ED REPORTS

PAGE 1

RUN TIME: 1432

DOCTOR

FLANAGAN, TERRENCE

Name: FANTOZZI, RONALD M

Age/Sex: 38/M

Admit. Dr: FLANAGAN, TERRENCE

Acct#: 1419110

Unit#: 000221342

Status: REG ER

Location: ED

Reg: 02/24/01

Disch:

D.O.B.: [REDACTED] 1962

Phone: 207-782-3873

LEGEND: L=Low H=High CL=Critical Low CH=Critical High #=Delta &gt;=New (A)=footnote

Spec #: 0224:U00010S Collected: 02/24/01-1109 Ordering Dr: FLANAGAN, TERRENCE

Test	Result	Flag	Reference
<b>URINALYSIS</b>			
> SPEC. REFRIGERATED?	NO		
> CULTURE INDICATED?	NO		
> APPEARANCE	CLEAR		CLEAR
> COLOR	YELLOW		YELLOW
> SPECIFIC GRAVITY	1.012		1.008-1.030
> LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE
> NITRITE	NEGATIVE		NEGATIVE
> pH	5.0		5-8
> PROTEIN	NEGATIVE		NEGATIVE mg/dL
> GLUCOSE	NORMAL		NORMAL mg/dL
> KETONES	NEGATIVE		NEGATIVE
> UROBILINOGEN	NORMAL		NORMAL mg/dL
> BILIRUBIN	NEGATIVE		NEGATIVE
> OCCULT BLOOD	APPROX. 250	H	NEGATIVE ery/uL
<b>URINE MICROSCOPIC</b>			
> RBCS	10-15		0-3 /hpf
> WBCS	NEGATIVE		0-5 /hpf
> BACTERIA	NEGATIVE		NEGATIVE /hpf
> MUCUS	PRESENT	H	NONE SEEN /lpf

gvl

Patient: FANTOZZI, RONALD M

Age/Sex: 38/M

Acct#1419110

Unit#000221342

500685.011.0085

FAX NO.

P. 02

ST MARY'S REGIONAL MEDICAL CENTER LEWISTON, ME 04240 (207)777-8400			
DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY			
RUN DATE: 02/24/01		Specimen Inquiry	
RUN TIME: 1240		PAGE 1	
<u>DOCTOR</u>			
1419110			
Name: FANTOZZI, RONALD M	Age/Sex: 38/M	Admit. Dr: MONZEL, MICHAEL J	
Acct#: 1415374	Unit#: 000221342	Status: REG CL.I	Location: OP
Reg: 02/20/01	Disch:	D.O.B.: [REDACTED]/1962	
LEGEND: L=Low H=High CL=Critical Low CH=Critical High #=Delta >=New (A)=footnote			
SPEC #: 0220:C00153R Collected: 02/20/01-1600 Ordering Dr: MONZEL, MICHAEL J			
COMMENTS: SPECIMEN SLIGHTLY LIPEMIC			
Test	Result	Flag	Reference
AMYLASE	CHEMISTRY/CARDIAC/LIPTS 64		25-115 U/L
LIPASE	DRUGS/THYROID/MISC CHEMISTRY 381.0	CH	114-286 U/L
RESULTS CHECKED			

Patient: FANTOZZI, RONALD M

Age/Sex: 38/M

Acct#1415374

Unit#000221342

500685.011.0086

FAX NO.

P. 01

ST MARY'S REGIONAL MEDICAL CENTER LEWISTON, ME 04240 (207)777-8400

DAVID GALLICK, M.D., DIRECTOR, DEPARTMENT OF PATHOLOGY

RUN DATE: 02/24/01

Specimen Inquiry

PAGE 1

RUN TIME: 1240

DOCTOR

Name: FANTOZZI, RONALD M

Age/Sex: 38/M

Admit. Dr: MONZEL, MICHAEL J

Acct#: ~~1415374~~

Unit#: 000221342

Status: REG CLI

Location: OP

Reg: 02/20/01

Disch:

D.O.B.: ~~02/20/1962~~/1962

LEGEND: L=Low H=High CL=Critical Low CH=Critical High #=Delta &gt;=New (A)=footnote

SPEC #: 0220:H00097R Collected: 02/20/01-1600 Ordering Dr: MONZEL, MICHAEL J

Test	Result	Flag	Reference
<b>HEMATOLOGY</b>			
WBC	7.0		4.5-10.9 10E3
RBC	4.50	L	4.7-6.1 10E6
HGB	13.9	L	14-18 g/dL
HCT	41.3	L	42-52 %
MCV	91.8		80-94 fL
MCH	31.0		27-31 pg
MCHC	33.8		33-37 %
RDW	11.4	L	11.5-14.5 %
PLT	307		130-400 10E3
MPV	7.4		7.4-10.4 fL
%LYMPHS (COULTER)	34.7		20-35 %
%MONOS (COULTER)	14.3		0-15 %
%GRANS (COULTER)	48.9	L	55-81 %
%EOS (COULTER)	1.7		0-3 %
%BASO (COULTER)	0.4		0-1 %

Patient: FANTOZZI, RONALD M

Age/Sex: 38/M

Acct#1415374

Unit#000221342

500685.011.0087



St. Mary's Regional Medical Center  
**Emergency Department Radiology Request**

Examination(s) Requested: Spiral CT

Reason for Examination: abd pain, inability to void  
lt flank & back pain

Examinations Ordered By:

Flanagan

**Ankle**

(1) Frontal View



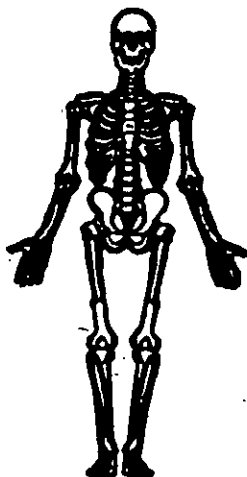
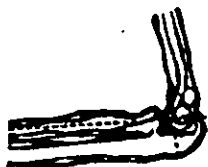
(2) Viewed from medial side



**Plane of Section**



**Elbow**



1419110 MR 221342  
 ADM 2/24/01 AGE 038Y  
 SANTOZZI, RONALD M M  
 43 POLAND RD  
 AUBURN ME 04210  
 006603921-02 3021616  
 DOB 762 7623873

**Preliminary Reading**

**E.D. Interpretation**

- ☐ Normal ☐ No Acute Abnormality  
☐ Other (specify)

Emergency Physician's  
 Signature: \_\_\_\_\_

**Radiology Interpretation**

- ☐ No E.D. interpretation  
☐ Agree with E.D. ☒ no further action  
☐ Disagree with E.D.

Radiologists recommendation:

3 small stone at L4-L5  
2-3 mm posterior lt ureteral  
stone with partial cyst

E.D. called: Date \_\_\_\_\_  
 Time \_\_\_\_\_

**Follow-Up Note**

(Must be completed in cases of recommendation.)

Date of Follow-Up: \_\_\_\_\_

- ☐ E.D. Chart reviewed/No follow-up necessary

E.D. Physician's  
 Signature: \_\_\_\_\_

White - Medical Record • Yellow - E.D. File Copy • Pink - Radiology

500685.011.0088

**ST MARY'S REGIONAL  
MEDICAL CENTER**

Lewiston, ME 04240

**RADIOLOGY REPORT**

FANTOZZI, RONALD M  
Phone #(207)782-3873  
DOB [REDACTED] 1962  
Attending: TERRENCE FLANAGAN  
Referring: MICHAEL J BOULANGER  
Visit #1419110  
MR #22-13-42  
X-Ray #08-99-89  
Service Date 02/24/2001  
NS/Room  
Clinic Code: ER

*Handwritten:* FANTOZZI, RONALD M

---

**ABDOMEN 74000**

**Indication for Study:** Back pain, right upper quadrant pain, and flank pain on the left.

**FINDINGS:** Clips noted on the right from previous surgery. No renal tract stones.

**IMPRESSION:** No renal tract stones seen.

**CT SCAN OF THE ABDOMEN – STONE PROTOCOL**

**Indication for Study:** Abdominal pain, left flank pain.

**FINDINGS:** Spiral CT was done. There are several small stones measuring 2 to 3 mm within the collecting system of the left kidney. In addition, there is a stone in the proximal left ureter, approximately 2 to 3 mm. This is causing some dilatation of the pelvis proximally. The ureter distal to this area shows no other stones in the ureter.

**IMPRESSION:** At least three small stones within the left kidney and small proximal left ureteral calculus with some partial obstructive changes.

  
\_\_\_\_\_  
MARK EULE, M.D./lgg

J: 90597  
D: 02/26/2001 13:30:07  
T: 02/27/2001 11:59:37

CC: MICHAEL BOULANGER, M.D., Referring Physician

ORIGINAL  
  
RADIOLOGY REPORT

500685.011.0089